

Mark-to-Market PAE Payment Invoice (Asset-Specific)

Form 2.14A

(Supersedes former Forms 2.3, 2.4, 2.5, and 2.6)

TO: OMHAR REGIONAL OFFICE, Attn. Relationship Manager

DATE: _____

FROM: PAE NAME

SUBJECT: MONTHLY INVOICE

Instructions: For each asset, send a copy of this PAE Payment Invoice with an original signature to the OMHAR Regional Office for processing. No cover letter is required. Attach supporting documentation to each copy of this PAE Payment Invoice, including invoices for services and previously approved OMHAR Waiver Forms (Form 2.15) if applicable. Do not send invoices directly to OMHAR Headquarters. (The OMHAR Regional Office will send the PAE Payment Invoice to OMHAR Headquarters.)

TO BE COMPLETED BY PAE:**A. PAE INFORMATION:**

INVOICE NUMBER

PAE ADDRESS

PAE'S TAX ID NUMBER

PAE'S ABA NUMBER

PAE'S BANK ACCOUNT NUMBER

PRA CONTRACT NUMBER

B. ASSET INFORMATION:

ASSET NAME

FHA PROJECT NUMBER

ASSET DESIGNATION (Check One)

☐ Full Debt Restructuring (F)☐ Rent Restructuring Only (R)☐ Rent Comp. Review (C)☐ Other (Please Specify): _____

Please explain any changes or substitutions related to the above designation (Ex: Rent Restructuring Only to Full Debt Restructuring) for the purposes of calculating base and incentive fees. Please include supporting documentation.

Is this the final invoice for this asset?

☐ Yes☐ No

C. PAYMENT REQUEST SUMMARY - Schedule A

PAEs: Complete Columns (E) and (F) of attached Schedule A for all items that pertain to the particular asset designation. All documents supporting supporting the claims must be attached in the order of the item numbers appearing in Column (B) of the Schedule and marked to clearly correspond correspond with the relevant item number. Claims in excess of the Maximum Amount, specified in Column (D), must be accompanied by a completed OMHAR Waiver (Form 2.15).

D. AUTHORIZING SIGNATURE FROM PAE:

I hereby certify that the work covered by this voucher has been reviewed and has been acceptably completed and performed in accordance with the terms of the Portfolio Restructuring Agreement (PRA) executed between the Participating Administrative Entity (PAE) listed above and OMHAR. I also certify that the PAE has actually submitted vouchers totaling \$ _____, i.e., amount previously paid by OMHAR plus amount previously vouchered by the PAE but not yet paid by OMHAR, for work performed and reimbursable items for this asset as of _____ (date). No amounts are presently claimed or in dispute, except for _____, i.e., amount currently claimed plus disputed amount from prior voucher(s). I further certify that the third-party reimbursable items listed on Schedule A have been paid or will be paid within five (5) days of receipt of requisitioned funds. Also, I certify that the PAE retains the original invoices from each of its teaming partners, independent contractors and subcontractors, who performed work and for whom the PAE seeks payment by its submission to OMHAR of this voucher. Further, the original invoices supporting this voucher are retained and available to OMHAR, its successor agency, and designees, in accordance with the terms of the PRA, and more specifically Section 15.1.3 , entitled "Retention of Records," and Section 16.4.3 entitled "Books and Records."

Signature	Name/Title	Date
_____	_____	_____

WARNING:

U.S. Criminal Code, Section 1010, Title 18, U.S.C., "Federal Housing Administration transactions," provides in part: "Whoever, for the purpose of... Influencing in any way the action of such Administration...makes, passes, utters, or publishes any statement, knowing the same to be false, ...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

E. OMHAR Regional Office Certification:	FOR USE BY HUD
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I hereby certify that the work covered by this invoice has been reviewed and has been acceptably completed and performed in accordance with the terms of the Portfolio Restructuring Agreement executed between the Participating Administrative Entity listed above and OMHAR. I also certify that the amounts shown in Column (G) of Schedule A have been approved for payment in accordance with the provisions of the Portfolio Restructuring Agreement applicable to the asset. To the best of my knowledge, information and belief, the total sum listed in Column (G) is now payable and the information supplied by the Participating Administrative Entity is accurate.

Relationship Manager Signature	Name/Title	Date
_____	_____	_____

Regional Director Signature	Name/Title	Date
_____	_____	_____

Explanation of Disallowed Amount and Other Notes (attach additional sheets as necessary):

FOR USE BY HUD	
Date Originals sent to OMHAR HQ	Date Originals received by OMHAR HQ
Date Received by RO	

FHA Project Number: _____

